PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

U.S. Patent and Tradems Chice; U.S. Deberger of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless it items to the property of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless it items to the paper of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless its first to the paper of the paper of the Paparousis Reduction Act of 1005, no appears are required to respend to a pollocition of information unless the paper of the paper of

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/702,191			ing Date 05/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE	_	N/A	LD NO	N/A		N/A	TEE (a)	ı	N/A	TEE (0)	
⊢	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))							ł	<u> </u>		
H	(37 CFR 1.16(k), (i), or EXAMINATION FE		N/A		N/A		N/A		l	N/A		
TO	(37 CFR 1.16(a), (p), (		N/A		N/A		N/A		l	N/A		
(37	CFR 1.16(i))		minus 20 = *			ı	x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *				x \$ =			x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.								1	TOTAL		
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	11/05/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 1	Minus	<del></del> 20	= 0	1	X \$25 =	0	OR	x s =		
Z	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$105 =	0	OR	x s =		
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Z.	Total (37 CFR 1,16())		Minus	••		l	x \$ =		OR	x \$ =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***		]	X \$ =		OR	x s =		
ä	Application Size Fee (37 CFR 1.16(s))								]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Γ									OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line fails and the processes) an implication. Confidentiality is ownered by 80 Sec. 22 and 37 CER 1.16. This collection in extensive this line 22 vanishes to comprise to accepted a policitation form to the USPTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggeoustons for reducing this burdon, should be sent to the CERT information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients or Patients.